PAGE 1 / 33

Image# 201606179018422331

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	For Other Than	n An Authorize	d Committe	ee		Office Use	e Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typiner the lines.	g, type	12FE4M	5	
Americas Health Insura	ance Plans P	PAC (AHIP PA	.C)				
ADDRESS (number and street)	601 Pennsylvan	nia Avenue, NW					
Check if different	South Building,	Suite 500					
than previously reported. (ACC)	Washington				DC	20004	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦			STATE A	Ž	ZIP CODE A
C C00106740		3. IS THIS REPORT	\ \ \	EW N) OR	Al (A	MENDED A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2		May 20 (M5) un 20 (M6)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:		Apr 20 (M4)	П	ul 20 (M7)	Oct	20 (M10)	Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q	Q1) (c) 12-Da		Primary (12P)		General		Runoff (12R)
July 15 Quarterly Report (Q	PRE-	Election rt for the:	Convention (1		Special		Hulloli (1211)
October 15 Quarterly Report (Q January 31	13)		M M /	D D /	Y		in the
Year-End Report (Y July 31 Mid-Year		Election on					State of
Report (Non-election Year Only) (MY)	POST Repor	T-Election rt for the:	General (30G	i)	Runoff ((30R)	Special (30S)
Termination Report (TER)		Election on	M M /	D = D /	Y . Y . Y . Y		in the State of
5. Covering Period 05	M / D D / 01	2016	through	M M	31	2016	
I certify that I have examined th	is Report and to	the best of my kno	owledge and b	elief it is tr	ue, correct ar	nd complete) .
Type or Print Name of Treasure	marilyn B. Tave	enner					
Signature of Treasurer Marii	lyn B. Tavenner		[Electronically	Filed] [Date 06	M / D 17	2016
NOTE: Submission of false, errone	eous, or incomplete	e information may s	ubject the pers	on signing t	his Report to	the penaltie	s of 2 U.S.C. §437g.
Office Use Only							FORM 3X ev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 05 01 2016 To: 05 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		63476.79
	(b) Cash on Hand at Beginning of Reporting Period	73216.89	
	(c) Total Receipts (from Line 19)	22018.55	109822.93
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	95235.44	173299.72
7.	Total Disbursements (from Line 31)	37029.30	115093.58
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58206.14	58206.14
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance	Plans PAC	(AHIP	PAC))
---------------------------	-----------	-------	------	---

tributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	11342.18 676.37 12018.55 0.00	7341.69
Than Political Committees (i) Itemized (use Schedule A)	676.37 12018.55 0.00	64822.93
(i) Itemized (use Schedule A)	676.37 12018.55 0.00	7341.69
(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii) Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines	676.37 12018.55 0.00	7341.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶ Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines	12018.55	64822.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶ Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	
Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	
Other Political Committees (such as PACs) Total Contributions (add Lines		0.00
Other Political Committees (such as PACs) Total Contributions (add Lines	10000.00	
Total Contributions (add Lines	10000.00	
Total Contributions (add Lines		45000.00
rr(a)(iii), (b), and (c)) (Garry		
Totals to Line 33, page 5)▶	22018.55	109822.93
sfers From Affiliated/Other		
y Committees	0.00	0.00
and Descined	0.00	0.00
Loans Received	0.00	0.00
n Repayments Received	0.00	0.00
		7
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
unds of Contributions Made	7	7 7
ederal Candidates and Other		
tical Committees	0.00	0.00
er Federal Receipts		
idends, Interest, etc.)	0.00	0.00
nsfers from Non-Federal and Levin Funds		
Non-Federal Account		
(from Schedule H3)	0.00	0.00
_		
Levin Funds (from Schedule H5)	0.00	0.00
	222	
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Loans Received	Loans Received

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period					
	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)	5755	Calendar Year-to-Date				
	(i) Federal Share	0.00	0.00				
	(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating						
,	Expenditures	29.30	93.58				
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	29.30	93.58				
22. 1	Fransfers to Affiliated/Other Party						
	Committees Contributions to	0.00	0.00				
F	ederal Candidates/Committees and Other Political Committees	37000.00	112500.00				
	ndependent Expenditures	0.00	0.00				
25. (use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00				
26. L	oan Repayments Made	0.00	0.00				
		0.00	0.00				
8. F	oans Made	0.00					
(Than Political Committees	0.00	2500.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
	(such as PACs)						
(d) Total Contribution Refunds	0.00	0500.00				
	(add Lines 28(a), (b), and (c))▶	0.00	2500.00				
29. (Other Disbursements	0.00	0.00				
	Federal Election Activity (2 U.S.C. §431(20)) a) Allocated Federal Election Activity						
((from Schedule H6)						
	(i) Federal Share	0.00	0.00				
	(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely	200	0.00				
(With Federal Funds	0.00	0.00				
(Lines 30(a)(i), 30(a)(ii) and 30(b)) >	0.00	0.00				
1. 1	Total Disbursements (add Lines 21(c), 22,						
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	37029.30	115093.58				
2. 1	Total Federal Disbursements		, , , , , , , , , , , , , , , , , , , ,				
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
f	rom Line 31)	37029.30	115093.58				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22018.55	109822.93
4. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22018.55	107322.93
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	29.30	93.58
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	29.30	93.58

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 33 (check only one)

X 11a 11b 11c 12

13 14 15 16 17

TEMPLE REGENTO		Detailed Summary Page	<u>×</u>	11a 13		11 14	-	11c 15		12 16	17			
Any information copied from such Reports and Sta or for commercial purposes, other than using the		or the		pos	se of s	oliciting		ntributio	ons					
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (AHIP PAC)												
Full Name (Last, First, Middle Initial) 1. Jeremy Allen				Date of	Re	ecei	eipt							
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer Americas Health Insurance Plans Receipt For:	State DC C Occupation Vice Presid			M = M 05 Trans	acti	ion Ea	06 n ID : 2	016060 ceipt th	20 212					
Primary General Other (specify) ▼		1153.80												
Full Name (Last, First, Middle Initial) 3. Jeremy Allen Mailing Address 601 Pennsylvania Avenue N.W.				Date of	Re		eipt 20	/ Y	30		Y			
Suite 500, South Building City Washington	State DC		O5 20 2016 Transaction ID : 20160602122424-3 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	· ·						115.38							
Name of Employer Americas Health Insurance Plans	Occupation Vice Presid			Mer	mo I	lten	m							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80												
Full Name (Last, First, Middle Initial) Tom Amontree			ı	Date of	Re	ecei	eipt							
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				M - M 05	/		06	/ Y		16	Y			
City Washington	State DC	Zip Code 20004						016060 ceipt th			•			
FEC ID number of contributing federal political committee.	Name of Employer Occupation							- 7		192.3	0			
Name of Employer America's Health Insurance Plans														
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1923.00												
SUBTOTAL of Receipts This Page (optional)			.			1				423.00	3			
TOTAL This Period (last page this line number o	nlv)					T					īĪ			

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us	and Statements may not be sold or used by any ing the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Tom Amontree Mailing Address 601 Pennsylvania Aver Suite 500, South Buildir City Washington FEC ID number of contributing federal political committee.		Date of Receipt M
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice President, Business Aff Aggregate Year-to-Date ▼ 1923.00	Memo Item
Full Name (Last, First, Middle Initial) 3. Catherine Ayers Mailing Address 6222 NW 19th Pl		Date of Receipt 05 11 2016
City Gainesville FEC ID number of contributing federal political committee.	State Zip Code FL 32605-3246	Transaction ID: 73AE9F23D8334EB4AE84 Amount of Each Receipt this Period 500.00
Name of Employer AvMed Receipt For: Primary General Other (specify) ▼	Occupation SVP, Human Resources Aggregate Year-to-Date ▼ 500.00	Memo Item
Full Name (Last, First, Middle Initial) R. Bradford Bentley Mailing Address 8717 SW 91st PI		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Gainesville FEC ID number of contributing federal political committee. Name of Employer AvMed Receipt For: Primary General Other (specify) ▼	State Zip Code FL 32608-7291 C Occupation VP Underwriting Aggregate Year-to-Date ▼ 500.00	Transaction ID : CED6E8764D1C4C7996D0 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optio	nal)	1192.30
TOTAL This Period (last page this line no	umber only)	•

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one)

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
	y information copied from such Reports and St for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (/	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	State DC C Occupation Executive V	Zip Code 20004 /ice President, Clinical Aff Year-to-Date ▼ 1923.00	Date of Receipt M M M / D D / 2016 Transaction ID: 20160602122411-5 Amount of Each Receipt this Period 192.30 Memo Item
В.	Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	State DC C Occupation Executive V	Zip Code 20004 //ice President, Clinical Aff Year-to-Date ▼ 1923.00	Date of Receipt 05 20 2016 Transaction ID: 20160602122424-5 Amount of Each Receipt this Period 192.30 Memo Item
	Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Regional D		Date of Receipt 05 06 2016 Transaction ID: 20160602122411-6 Amount of Each Receipt this Period 38.46 Memo Item
S	UBTOTAL of Receipts This Page (optional)			423.06
Т	OTAL This Period (last page this line number of	only)		

FOR LINE NUMBER: PAGE 9 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 20 2016 City Zip Code State Transaction ID: 20160602122424-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Craig F. Burns Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 05 05 2016 City Zip Code State Transaction ID: 8A785F0DEF6244528511 DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Director, Research Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. David Butler Date of Receipt Mailing Address 5403 Windbrush Dr 05 11 2016 City State Zip Code Transaction ID: BF5AAD1C24A644ADAD86 FL Tampa 33625-4051 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Memo Item Name of Employer Occupation Regional VP AvMed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 588.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 06 City Zip Code State Transaction ID: 20160602122411-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 20 2016 City State Zip Code Transaction ID: 20160602122424-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769,20 Full Name (Last, First, Middle Initial) Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 06 2016 City State Zip Code Transaction ID: 20160602122411-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	_	R LINE	_		:	PAGE	. 1	11	OF	33
Use separate schedule(s) for each category of the	(che									
Detailed Summary Page	×	11a		11b		11c		12		
Johanna Janimary Lage		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 20 2016 City Zip Code State Transaction ID: 20160602122424-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) **B.** Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 06 2016 City State Zip Code Transaction ID: 20160602122411-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 96.16 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 961,60 Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 20 Suite 500, South Building 05 2016 City State Zip Code Transaction ID: 20160602122424-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 96.16 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 961.60 Other (specify) 250.01 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FOR	LINE N	NUMBER	:	PAGE	1	2 OF	=	33
Use separate schedule(s)	(che	ck only	one)						
for each category of the Detailed Summary Page	X	11a	11b		11c		12		
		13	14		15		16		17
not be said or used by any person for the purpose of soliciting contributions									

	Statements may not be sold or used by any pers re name and address of any political committee to						
NAME OF COMMITTEE (In Full)							
$\Big angle$ Americas Health Insurance Pla	nns PAC (AHIP PAC)						
Full Name (Last, First, Middle Initial) A. Gregory Dean		Date of Receipt					
Mailing Address 601 Pennsylvania Avenue N.	.W.	M = M / D = D / Y = Y = Y					
Suite 500, South Building	State 7in Code	05 06 2016					
City Washington	State Zip Code DC 20004	Transaction ID : 20160602122411-11					
		Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	57.69					
Name of Employer	Occupation	Memo Item					
America's Health Insurance Plans	Executive Director Insurance Education						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	576.90						
Full Name (Last, First, Middle Initial) 3. Gregory Dean		Date of Receipt					
Mailing Address 601 Pennsylvania Avenue N.	W.	M = M / D = D / Y = Y = Y					
Suite 500, South Building City	State Zip Code	05 20 2016					
Washington	DC 20004	Transaction ID : 20160602122424-11 Amount of Each Receipt this Period					
FEC ID number of contributing							
federal political committee.	C	57.69					
Name of Employer	Occupation	Memo Item					
America's Health Insurance Plans	Executive Director Insurance Education	_					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General	30 0						
Other (specify) ▼	576.90						
Full Name (Last, First, Middle Initial) Paul Eiting		Date of Receipt					
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building		05 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code DC 20004	Transaction ID : 20160602122411-13					
Washington	DC 20004	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	38.46					
Name of Employer	Occupation	Memo Item					
America's Health Insurance Plans	Deputy Director						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	384.60						
(-poon), V							
SUBTOTAL of Receipts This Page (optional)	•	153.84					
TOTAL This Period (last nage this line number	only)						

		FOR LINE NUMBER: PAGE 13 OF 33									33
Use separate schedule(s)	(0	(check only one)									
for each category of the Detailed Summary Page		X	11a		11b		11c		12		
Botanoa Gammary 1 ago			13		14		15		16		17
not be sold or used by any person for the purpose of soliciting contributions ress of any political committee to solicit contributions from such committee.											

TEMIZED RECEIPTS		Detailed Summary Page	X	1		11k	b	11c		12			
Any information copied from such Reports and S or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (A	AHIP PAC)											
Full Name (Last, First, Middle Initial) A. Paul Eiting				Date of	Re	ceip	ot						
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City	V. State	Zip Code		M M M	/	L	20 ID : 20) 016060	20	016	Y		
Washington	DC	20004		mount									
FEC ID number of contributing federal political committee.	С					7		,		38.4	6		
Name of Employer America's Health Insurance Plans	Occupation Deputy Dire		[Mer	no It	tem	ı						
Receipt For: Primary General	. ,	Year-to-Date ▼											
Other (specify)		384.60											
Full Name (Last, First, Middle Initial) B. Alan Fehlner				Date of	Re	ceir	ot						
Mailing Address 4205 SW 31st Dr				M = M	/		11	/ Y)16	Y		
City	State	Zip Code		Transa	actio	on		A06D			1AB3		
Gainesville	FL	32608-7696		mount	of	Eac	ch Red	eipt th	is P	eriod			
FEC ID number of contributing federal political committee.	ů				300.								
Name of Employer Avmed Health	Occupation Vice Preside			Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
Full Name (Last, First, Middle Initial) C. Robin L. Flory				Date of	Re	ceir	ot						
Mailing Address 3210 Dow St			_ 	м = м	/		11	/ Y)16	Y		
City	State	Zip Code		Trans	acti	ion	ID : E	B4EEE	D6E	EA024	6E6A		
Pompano Beach	FL	33062-1212		mount	of	Eac	ch Red	ceipt th	is P	eriod			
FEC ID number of contributing federal political committee.	С					7		7		300.0	0		
Name of Employer	Occupation		□ I.	Memo Item									
Avmed Health Plans	Region Vice	e President											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		300.00											
SUBTOTAL of Receipts This Page (optional)						T.		-		638.4	6		
TOTAL This Period (last page this line number of		<u> </u>				7		- f					

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one)

[F	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ly information copied from such Reports and Sta for commercial purposes, other than using the n		
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (AHIP PAC)	
Δ.	Avmed Health Plans Receipt For: Primary General Other (specify)	State Zip Code FL 32606-5688 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼	Date of Receipt M M
3.	America's Health Insurance Plans	State Zip Code DC 20004 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 384.60	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- .	Full Name (Last, First, Middle Initial) Candy Gallaher Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 384.60	Date of Receipt M
S	SUBTOTAL of Receipts This Page (optional)	>	1076.92
т	OTAL This Period (last page this line number or	nlv)	

	F	FOR LINE NUMBER: PAGE 15 OF 3									33
Use separate schedule(s)	(c	(check only one)									
for each category of the Detailed Summary Page		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 2016 City State Zip Code Transaction ID: 20160602122411-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation Regional Director America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 20 2016 City State Zip Code Transaction ID: 20160602122424-16 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 C.

Full Name (Last, First, Middle Initial) Mark Hamelburg		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City	W. State Zip Code	05 06 2016
Washington	DC 20004	Transaction ID: 20160602122411-17 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.38
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

165.38

FOR LINE NUMBER: PAGE 16 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 20 City Zip Code State Transaction ID: 20160602122424-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) B. Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 06 2016 City State Zip Code Transaction ID: 20160602122411-19 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 28.85 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288,50 Full Name (Last, First, Middle Initial) c. Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 05 20 2016 Suite 500, South Building City State Zip Code Transaction ID: 20160602122424-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 28.85 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 288.50 Other (specify) 173.08 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 33 Use separate schedule(s)

ITEMIZ	ED RECEIPTS		for each category of the Detailed Summary Page	X 11a
				rson for the purpose of soliciting contributions to solicit contributions from such committee.
\	OF COMMITTEE (In Full) cricas Health Insurance Plan	s PAC (/	AHIP PAC)	
A. Arya Mailing City Washi FEC II federal Name AHIP Receip	O number of contributing political committee. of Employer t For: Primary General Other (specify)	State DC C Occupation Executive V	Zip Code 20004 /ice President Year-to-Date ▼	Date of Receipt 05 06 2016 Transaction ID: 20160602122411-21 Amount of Each Receipt this Period 192.30 Memo Item
B. Arya Mailing City Washi FEC II federal Name AHIP Receip	O number of contributing political committee.	State DC C Occupation Executive V	Zip Code 20004 //ice President Year-to-Date ▼ 1923.00	Date of Receipt 05 20 2016 Transaction ID: 20160602122424-23 Amount of Each Receipt this Period 192.30 Memo Item
C. Clar Mailing City Washi FEC II federal Name Americ Receip	O number of contributing political committee. of Employer ca's Health Insurance Plans	State DC C Occupation Deputy Pre	Zip Code 20004 ss Secretary Year-to-Date ▼	Date of Receipt 05 06 2016 Transaction ID : 20160602122411-23 Amount of Each Receipt this Period 46.15 Memo Item
SUBTOT	AL of Receipts This Page (optional)		·····	430.75
TOTAL 7	This Period (last page this line number o	only)	······	

FOR LINE NUMBER: PAGE 18 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Clare Krusing Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 20 2016 City Zip Code State Transaction ID: 20160602122424-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 46.15 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Deputy Press Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General 461.50 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 06 2016 City State Zip Code Transaction ID: 20160602122411-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769,20 Full Name (Last, First, Middle Initial) c. Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 20 2016 City State Zip Code Transaction ID: 20160602122424-26 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 199.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 06 City Zip Code State Transaction ID: 20160602122411-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 20 05 2016 City State Zip Code Transaction ID: 20160602122424-27 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769,20 Full Name (Last, First, Middle Initial) **c.** Winston H. Lonsdale Date of Receipt Mailing Address 11361 SW 123rd St 05 11 2016 City State Zip Code Transaction ID: 532D115EF47A46B2B0AD FL Miami 33176-4426 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Memo Item Name of Employer Occupation VP, Claims Avmed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 453.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Amber Manko Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 06 City Zip Code State Transaction ID: 20160602122411-27 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Deputy Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Amber Manko Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 20 05 2016 City State Zip Code Transaction ID: 20160602122424-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Deputy Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. Javier Mendoza Date of Receipt Mailing Address 13224 SW 40th St 05 11 2016 City State Zip Code Transaction ID: 391F152DC07B401EBE94 FL Davie 33330-4704 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Memo Item Name of Employer Occupation VΡ AvMed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 376.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 21 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 06 City Zip Code State Transaction ID: 20160602122411-32 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 20 05 2016 City State Zip Code Transaction ID: 20160602122424-34 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576,90 Full Name (Last, First, Middle Initial) Jay Perron Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 05 06 2016 Suite 500, South Building City State Zip Code Transaction ID: 20160602122411-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 192.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
	d Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance P	lans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Ivette Ruiz Mailing Address 6700 SW 106th PI City Miami FEC ID number of contributing federal political committee. Name of Employer AvMed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code FL 33173-5106 C Occupation Registered Nurse Aggregate Year-to-Date ▼ 300.00	Date of Receipt 05 11 2016 Transaction ID: 0A527A08051642A297DA Amount of Each Receipt this Period 300.00 Memo Item
Full Name (Last, First, Middle Initial) Misty R. Saunders Mailing Address 1015 SW 105th Ter City Gainesville FEC ID number of contributing federal political committee. Name of Employer Avmed Health Plans Receipt For: Primary General Other (specify)	State Zip Code FL 32607-6329 C Occupation Vice President Aggregate Year-to-Date ▼ 300.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Michael Sheehan Mailing Address 13403 SW 58th Ave City Miami FEC ID number of contributing federal political committee. Name of Employer AvMed Health Plans Receipt For: Primary General Other (specify)	State Zip Code FL 33156-7241 C Occupation Medical Director Aggregate Year-to-Date ▼	Date of Receipt 05 11 2016 Transaction ID: A3AA9FC8BFCF45FAA24F Amount of Each Receipt this Period 300.00 Memo Item
SUBTOTAL of Receipts This Page (optional))	900.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s) (check only one)

_	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (A	AHIP PAC)	
Δ.	Receipt For: Primary General Other (specify)	State DC C Occupation Senior Vice	Zip Code 20004 President, Professional Pr Year-to-Date ▼ 384.60	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Senior Vice	Zip Code 20004 President, Professional Pr Year-to-Date ▼ 384,60	Date of Receipt M
D .	Full Name (Last, First, Middle Initial) James Simpson Mailing Address 4285 Lexie Cir City Trussville FEC ID number of contributing federal political committee. Name of Employer AvMed Receipt For: Primary Other (specify) Other (specify)	State AL C Occupation Vice Preside Aggregate		Date of Receipt M
S	SUBTOTAL of Receipts This Page (optional)			576.92
Т	OTAL This Period (last page this line number or	nlv)		

		FOR LINE NUMBER: PAGE 25 OF 33								
Use separate schedule(s) for each category of the	(che	ck only	or	ne)						
Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Randy Stuart Date of Receipt Mailing Address 3544 SW 105th St 2016 City State Zip Code Transaction ID: 13EA1AB1953B4CB08FD9 FL 32608-9558 Gainesville Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation AvMed SVP & CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marilyn Tavenner Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 06 2016 City State Zip Code Transaction ID: 20160602122411-41 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation Americas Health Insurance Plans President & CEO

Primary General Other (specify) ▼	1923.00	
Full Name (Last, First, Middle Initial) Marilyn Tavenner Mailing Address 601 Pennsylvania Avenu Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer		Date of Receipt 05 20 2016 Transaction ID: 20160602122424-43 Amount of Each Receipt this Period 192.30 Memo Item
Americas Health Insurance Plans Receipt For: Primary General Other (specify) ▼	President & CEO Aggregate Year-to-Date ▼ 1923.00	
UPTOTAL of Desciols This Desce (autisms	D	884.60

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Receipt For:

FOR LINE NUMBER: PAGE 26 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 06 City Zip Code State Transaction ID: 20160602122411-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 20 05 2016 City State Zip Code Transaction ID: 20160602122424-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769,20 Full Name (Last, First, Middle Initial) c. Barry Wagner Date of Receipt Mailing Address 4300 NW 89th Blvd 05 11 2016 City State Zip Code Transaction ID: EC24362F8DDC477F830B FL Gainesville 32606-5688 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Memo Item Name of Employer Occupation VP Claims & Service Mgmt Avmed Health Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 453.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 27 OF 33 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the **Detailed Summary Page** 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Steven Ziegler Date of Receipt Mailing Address 156 Dockside Cir 2016 City Zip Code State Transaction ID: 6B7874A85B0E40329683 FL Weston 33327-1100 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation Avmed Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 11342.18 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 OF 33 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plant	e name and a	address of any political committee	
Full Name (Last, First, Middle Initial) American Enterprise Mutual Holding Mailing Address 601 6th Avenue City Des Moines FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State IA C CO	Zip Code 50334 0367524	Date of Receipt M M M CONTROL OF STATE OF THE STATE OF T
Full Name (Last, First, Middle Initial) Health Care Service Corporation E Mailing Address 300 E. Randolph Legal Department City Chicago FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State IL C Coo	Zip Code 60601 0199711	Date of Receipt 05 02 2016 Transaction ID: E82B83EC3A0E4849869B Amount of Each Receipt this Period 5000.00 Memo Item
Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Zip Code Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)			10000.00
TOTAL This Period (last page this line number	only)	·····	10000.00

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	ne and address of any political	by any perso	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)	, , ,		
Mailing Address 3246 E Ridgeview St			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code MO 65804-4076		Transaction ID: A8EBD28DE46B98B8B37
Purpose of Disbursement 2016 Primary Candidate Name William H. Long II Office Sought: House Senate Disbursen		011 Category/ Type	Amount of Each Disbursement this Period 1000.00 Memo Item
Full Name (Last, First, Middle Initial) 3. Denham for Congress Mailing Address 2150 River Plaza Dr., #150			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sacramento Purpose of Disbursement 2016 Primary Candidate Name Jeffrey John Denham Office Sought: House Senate Disbursen	State Zip Code CA 95833 ment For: 2016 Primary General Other (specify)	011 Category/ Type	Transaction ID: 4ACD8EDAABACFA5B3FF Amount of Each Disbursement this Period 2500.00 Memo Item
Full Name (Last, First, Middle Initial) Friends of Cheri Bustos Mailing Address 1050 17th St NW Ste 590			Date of Disbursement M
Washington Purpose of Disbursement 2016 General Candidate Name Cheryl L. Bustos Office Sought: House Senate Disbursen	State Zip Code DC 20036 Thent For: 2016 Primary General Other (specify)	011 Category/ Type	Transaction ID: 89E2C26BC7F003EFD58 Amount of Each Disbursement this Period 1000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	4500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	•
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans I	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)			Data of Dishuranment
A. Friends of Dan Kildee			Date of Disbursement
Mailing Address PO Box 248			05 06 2016
•	State Zip Code		Transaction ID : D845CF9AF61BD3DCE92
Flint Purpose of Disbursement	MI 48501		
2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Daniel Timothy Kildee Office Sought:	ment For: 2016	Туре	
Senate President	Primary General Other (specify)		Memo Item
State: MI District: 05	Culci (opeony)		
Full Name (Last, First, Middle Initial)			
B. Friends of Roy Blunt			Date of Disbursement
Mailing Address PO Box 10178			05 06 2016
Columbia	State Zip Code MO 65205-4002		Transaction ID : 281D285512F5E9D8704
Purpose of Disbursement 2016 General		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Roy Dean Blunt		Type	2500.00
Office Sought: House Senate President State: MO District:	nent For: 2016 Primary		Memo Item
Full Name (Last, First, Middle Initial)			
C. Grassley Committee Inc			Date of Disbursement
Mailing Address PO Box 1000			05 10 2016
City Des Moines	State Zip Code IA 50304-1000		Transaction ID : DA508905D9BFFDEF905
Purpose of Disbursement 2016 Primary			
Candidate Name		011	Amount of Each Disbursement this Period
Charles E. Grassley		Category/ Type	2000.00
Office Sought: House Senate President Disburser	nent For: 2016 Primary General Other (specify)	,,	Memo Item
State: IA District:			
SUBTOTAL of Disbursements This Page (optional)		······ <u>▶</u>	5500.00
TOTAL This Period (last page this line number only)		·····•	

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 31 OF 33
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten	lents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans F	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)			Data of Dishuwaamant
A. Guthrie for Congress			Date of Disbursement
Mailing Address PO Box 9639			05 06 2016
City	State Zip Code		Transaction ID: 20184A32EC8F81BCD3C
Bowling Green	KY 42102-9639		Transaction ID . 20104A32EC0F01BCD3C
Purpose of Disbursement 2016 General		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2522.22
S. Brett Guthrie		Type	2500.00
	nent For: 2016		Memo Item
	Primary		
State: KY District: 02	Oniei (Specify)		
Full Name (Last, First, Middle Initial)			
3. Making America Prosperous PAC			Date of Disbursement
Mailing Address PO Box 2485			05 27 2016
City S Springfield	State Zip Code VA 22152-0485		Transaction ID: 99D52FDF98CEB53BB8E
Purpose of Disbursement	22102-0400		
2016 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Making America Prosperous PAC	and Fam	Type	
	nent For: 2016 Primary General		Memo Item
	Other (specify)		
State: District:	Contribution		
Full Name (Last, First, Middle Initial)			
C. Mike Crapo for US Senate			Date of Disbursement
Martin Address Born			M M / D D / Y Y Y Y
Mailing Address PO Box 1948			05 27 2016
City	State Zip Code		Transaction ID : E624A1C683DA9B6F0E6
Boise	ID 83701		Transaction ID: E024A IC003DA9B0F0E0
Purpose of Disbursement 2016 General		011	Amount of Foot Distriction 1911 D. 1
Candidate Name			Amount of Each Disbursement this Period
Michael Dean Crapo		Category/ Type	5000.00
<u> </u>	nent For: 2016		Memo Item
	Primary General		
	Other (specify) ▼		
State: ID District:			
SUBTOTAL of Disbursements This Page (optional)			12500.00
ODDITION DISDUISEMENTS THIS Fage (optional)			
TOTAL This Period (last page this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I (check only	one)		
	Detailed Summary Page	27	22 X 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	PAC (AHIP PAC)				
Full Name (Last, First, Middle Initial) - Mullin for Congress			Date of Disbursement		
Mailing Address PO Box 3681			05 11 2016		
,	tate Zip Code OK 74402		Transaction ID : 8A92AFA834E87010723		
Purpose of Disbursement 2016 Primary Candidate Name		011	Amount of Each Disbursement this Period		
Senate President	nent For: 2016 Primary General Other (specify)	Category/ Type	2000.00 Memo Item		
State: OK District: 02 Full Name (Last, First, Middle Initial) New Pioneers PAC Mailing Address 228 S Washington St Ste 115			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	vitate Zip Code VA 22314	011	Transaction ID : 50855717FD1621ED303 Amount of Each Disbursement this Period		
	nent For: 2016 Primary General	Category/ Type	5000.00 Memo Item		
	Primary ☐ General Other (specify) ▼ Contribution				
Full Name (Last, First, Middle Initial) Pat Meehan for Congress			Date of Disbursement		
Mailing Address 50 S Providence Rd			05 27 2016		
,	tate Zip Code PA 19063-3531		Transaction ID: 5280F6DBC2EC0C09192		
2016 General Candidate Name Patrick L. Meehan		011 Category/ Type	Amount of Each Disbursement this Period 2500.00		
Senate	nent For: 2016 Primary		Memo Item		
SUBTOTAL of Disbursements This Page (optional)			9500.00		
TOTAL This Period (last page this line number only).					

SCHEDULE B (FEC Form 3X)	Haraman L. L. C.	FOR LINE	NUMBER: PAGE 33 OF 33
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
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or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans F	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)			D. (D.)
A. Tom MacArthur for Congress Inc.			Date of Disbursement
Mailing Address PO Box 225			05 11 2016
	State Zip Code		Transaction ID : 62110C003C1DF97B6C4
	NJ 07067-0225		
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Thomas MacArthur		Type	1000.00
	nent For: 2016 Primary General		Memo Item
	Other (specify)		
State: NJ District: 03	- · · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			
3. Tom Reed for Congress			Date of Disbursement
Mailing Address PO Box 10847			05 27 2016
,	State Zip Code		Transaction ID : 2992D9868679B803C40
. 100.10010.	NY 14610-0847		
Purpose of Disbursement 2016 General		011	Amount of Each Disbursement this Period
Candidate Name			, and an easi Dispursonient this 1 endu
Thomas W. Reed II.		Category/ Type	2500.00
	nent For: 2016		Memo Item
	Primary General		
	Other (specify) ▼		
State: NY District: 23			
Full Name (Last, First, Middle Initial) Tom Rice for Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 70098			05 27 2016
City	State Zip Code		Transaction ID : D7FB495EC833820D2D7
, =	SC 29572		Transaction id . D/FB495EC655620D2D/
Purpose of Disbursement 2016 General		011	Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Dispursement this Period
Tom Rice		Type	1500.00
	nent For: 2016		Memo Item
	Primary General		
State: SC District: 07	Other (specify) ▼		
State. 30 District. 07			
SUBTOTAL of Disbursements This Page (optional)			5000.00
J (1)			
TOTAL This Period (last page this line number only)			37000.00